Kulture Youth Services – Forms Package

To begin services, the following forms must be completed. These templates can be used for online forms or converted into PDFs.

CLIENT INTAKE FORM

Client Information

Full Name

Date of Birth

Age

Gender

Address

City

Postal Code

Parent/Guardian Information

Full Name

Relationship to Client

Phone Number

Email Address

EMERGENCY CONTACT (IF DIFFERENT)

Name

Relationship

Phone Number

Background Information

School/Program

Grade

Relevant Diagnoses (if applicable)

Allergies/Medical Conditions

Medications

Support Needs

Social Skills Support

Emotional Regulation

Behavioral Support

Other

Goals for Services (Brief description)

CONSENT FOR SERVICES

Parent/Guardian Name

Client Name

☐ I consent to participate in services

COMMUNITY OUTING CONSENT

Client Name

☐ I give permission for community outings

Transportation Consent

☐ Yes ☐ No

LIABILITY WAIVER

☐ I acknowledge the risks and waive liability

EMERGENCY AUTHORIZATION

Client Name

Preferred Hospital

Health Card Number

Doctor Name (optional)

☐ I authorize emergency medical treatment

SIGNATURE PAGE

Parent/Guardian Signature

Date

Client Signature (if applicable)

Date

NOTE: These forms can be completed online or downloaded as PDFs. All forms must be completed prior to the start of services.